

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 16
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MISSOURI RIGHT TO LIFE FEDERAL POLITICAL		FEC IDENTIFICATION NUMBER C 00157958
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice ACTION COMM		

Full Name (Last, First, Middle Initial) of Payee MODERN LITHO		Date 12 / 05 / 2006
Mailing Address 6009 Stertz Rd		Amount 99.27
City Jefferson City	State MO	Zip Code 65101
Purpose of Expenditure PRINTING NEWSLETTER	Category/Type 004	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:
Name of Federal Candidate Supported or Opposed by Expenditure: JIM TALENT		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 845.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee MODERN LITHO		Date 12 / 05 / 2006
Mailing Address 6009 Stertz Rd		Amount 99.26
City Jefferson City	State MO	Zip Code 65101
Purpose of Expenditure PRINTING NEWSLETTER	Category/Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 1
Name of Federal Candidate Supported or Opposed by Expenditure: MARK BYRNE		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 790.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures **198.53**

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature _____

Date / /

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